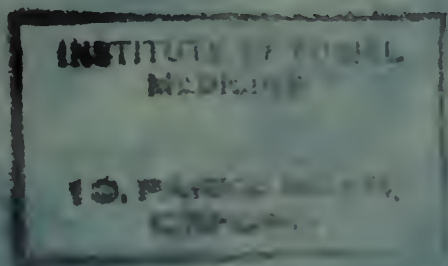


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Cambridgeshire County Council



ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

ADMINISTRATIVE COUNTY OF CAMBRIDGE

FOR THE YEAR 1951

COUNTY OF CAMBRIDGE

*With the Compliments of
the County Medical Officer of Health
& School Medical Officer*

SHIRE HALL,
CASTLE HILL,
CAMBRIDGE.



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VITAL STATISTICS AND INCIDENCE OF INFECTIOUS DISEASE

The following figures set out the principal facts relating to the Administrative County for the year 1951 and for the two previous years for comparison.

Populations (Registrar General's Estimates):

			1949	1950	1951
Administrative County	..	..	175,670	173,800	175,000
Cambridge	..	..	90,590	90,470	89,510
Rural Districts	..	..	85,080	83,330	85,490
Chesterton	..	..	38,840	38,060	39,060
Newmarket	..	..	20,340	20,570	20,220
South Cambridgeshire	..	..	25,900	24,700	26,210

Births (live):

Administrative County	..	Number	..	2,630	2,669	2,577
		Rate per 1,000		15.4	15.4	14.7
Cambridge	..	Number	..	1,331	1,316	1,249
		Rate per 1,000		14.8	14.5	14.0
Rural Districts	..	Number	..	1,299	1,353	1,328
		Rate per 1,000		16.0	16.2	15.5
Chesterton	..	Number	..	556	601	597
		Rate per 1,000		15.2	15.8	15.3
Newmarket	..	Number	..	319	317	271
		Rate per 1,000		15.7	15.4	13.4
South Cambridgeshire	..	Number	..	424	435	460
		Rate per 1,000		17.5	17.6	17.6

Illegitimate Births:

Administrative	Number	..	..	..	128	137	106
County	Rate per cent live births	..	..	..	4.9	5.1	4.1
Cambridge	Number	..	..	..	63	76	60
	Rate per cent live births	..	..	..	4.7	5.8	4.8
Rural Districts	Number	..	..	..	65	61	46
	Rate per cent live births	..	..	..	5.0	4.5	3.5

Still Births:

Administrative	Number	..	..	..	61	62	46
County	Rate per 1,000 total births	..	..	..	22.7	22.7	17.5
Cambridge	Number	..	..	..	24	31	24
	Rate per 1,000 total births	..	..	..	17.7	23.0	18.9
Rural Districts	Number	..	..	..	37	31	22
	Rate per 1,000 total births	..	..	..	27.7	22.4	16.3

Deaths:

Administrative	Number	..	..	..	1,957	1,865	2,048
County	Rate per 1,000 population	..	..	..	11.4	10.7	11.7
Cambridge	Number	..	..	..	963	886	935
	Rate per 1,000 population	..	..	..	10.7	9.8	10.4
Rural Districts	Number	..	..	..	994	979	1,113
	Rate per 1,000 population	..	..	..	12.3	11.7	13.0

Infant Deaths:

Administrative	Number	67	57	55
County ..	Rate per 1,000 live births	25.5	21.4	21.3
Cambridge ..	Number	35	27	23
	Rate per 1,000 live births	26.3	20.5	18.4
Rural Districts	Number	32	30	32
	Rate per 1,000 live births	24.6	22.2	24.1

*Maternal Deaths:**(a) From Sepsis:*

Administrative	Number	2	Nil	Nil
County ..	Rate per 1,000 total births	0.74	Nil	Nil
Cambridge ..	Number	1	Nil	Nil
	Rate per 1,000 total births	0.74	Nil	Nil
Rural Districts	Number	1	Nil	Nil
	Rate per 1,000 total births	0.75	Nil	Nil

(b) From other puerperal conditions:

Administrative	Number	Nil	Nil	1
County ..	Rate per 1,000 total births	Nil	Nil	0.38
Cambridge ..	Number	Nil	Nil	Nil
	Rate per 1,000 total births	Nil	Nil	Nil
Rural Districts	Number	Nil	Nil	1
	Rate per 1,000 total births	Nil	Nil	0.74

*Tuberculosis Deaths:**(a) Pulmonary:*

Administrative	Number	43	29	27
County ..	Rate per 1,000 population	0.25	0.17	0.15
Cambridge ..	Number	21	10	14
	Rate per 1,000 population	0.23	0.11	0.16
Rural Districts	Number	22	19	13
	Rate per 1,000 population	0.27	0.23	0.15

(b) Non-Pulmonary

Administrative	Number	7	4	6
County ..	Rate per 1,000 population	0.04	0.02	0.03
Cambridge ..	Number	2	3	4
	Rate per 1,000 population	0.02	0.03	0.04
Rural Districts	Number	5	1	2
	Rate per 1,000 population	0.06	0.01	0.02

(c) All forms:

Administrative	Number	50	33	33
County ..	Rate per 1,000 population	0.29	0.19	0.18
Cambridge ..	Number	23	13	18
	Rate per 1,000 population	0.25	0.14	0.20
Rural Districts	Number	27	20	15
	Rate per 1,000 population	0.33	0.24	0.17

Cancer Deaths:

Administrative	Number	376	329	340
County ..	Rate per 1,000 population	2.2	1.9	1.9
Cambridge ..	Number	194	167	149
	Rate per 1,000 population	2.2	1.8	1.7
Rural Districts	Number	182	162	191
	Rate per 1,000 population	2.2	1.9	2.2

The populations as estimated by the Registrar General for the mid-year 1951 have been quoted for comparison with those of previous years, but it will be remembered that a census was taken in April 1951 and there are discrepancies between the populations as then ascertained and the estimated populations set out above which cannot be explained by the mere lapse of two months or so. The census population for the Administrative County was 166,863, an increase of 26,859, or 19.2 per cent., over the 1931 figure but somewhat more than 8,000 less than the estimated mid-year population. In Cambridge the census population was 81,463, an increase of 16.1 per cent. over the 1931 figure, but just over 8,000 less than the estimated mid-year figure. The census figure for the aggregated Rural Districts was 85,400, an increase of 22.3 per cent. over the 1931 figure and only 90 less than the estimated mid-year population. This latter difference can be accepted as due to the natural increase in population during a period of two months but in Cambridge it is clear that the Registrar General must have made a considerable allowance for the floating University population, chiefly undergraduates. Comparing the mid-year figure for 1951 with that for 1950, there has been a rise in population in the County as a whole but a fall in the City of Cambridge from which it follows that the whole of the rise took place in the rural area, South Cambridgeshire having an increase of 1,510, Chesterton of 1,000 and Newmarket of 650.

The fall in the birth rate to which there had been a halt between 1949 and 1950 recommenced in 1951, all areas except South Cambridgeshire being affected but Newmarket Rural District to much the greatest extent.

The rise in the illegitimate birth rate noted in 1950 was changed to a fall in 1951. The fall in both the City and in the rural area was of the same magnitude, but nevertheless the rate in the City remained slightly higher than that of 1949. The rate in the Administrative County has now fallen to a level of the same order as that of 1938 for the first time since the rise during the war, that in the City being still slightly higher and that in the rural area being correspondingly lower.

There has been a considerable drop in the still-birth rate in both parts of the County and the figures now recorded may be regarded as extremely low. It may be difficult to maintain so low a rate in every succeeding year, but at least there is ground for hope that the comparatively small figures of the post-war years have come to stay.

The death rate rose generally, the extent of the rise being more marked in the Rural Districts. The crude death rate was much lower in the City than in the rural area but, as usual, the use of the comparability figure furnished by the Registrar General gives corrected rates which are almost identical (City 10.19, Rural Districts 10.15) indicating that the difference in the crude rates is due to differences in age and sex distribution and not to differences in living conditions.

The infant mortality rate for the Administrative County was virtually unchanged as compared with that of 1950 but the fall in the City rate noted in that year continued in 1951 while the rate in the rural area rose somewhat. The figure for the City constitutes a new low record for that area but the figure for the rural area is well above the record low rate

established there in 1948. So many infant deaths are now assigned by the Registrar General to the group covered by the words "other defined and ill-defined disease" that an analysis of causes is not very profitable, but it is pleasing to be able to state that once again there were no such deaths attributed to diarrhoea in any part of the County and that there were only four from respiratory disease, one from pneumonia and one from bronchitis in both the City and the rural area. There were 15 deaths from congenital malformation as against 18 in the previous year.

The happy position of the previous year with regard to maternal deaths was not repeated in 1951, there having been one such death in that year. Although the new classification of these deaths does not indicate whether they are due to sepsis or not, it is known that this particular one was due to a condition which would previously have come under the head of "other puerperal conditions." This means that for the second year in succession there have been no maternal deaths from sepsis in any part of the County. The one death gives a maternal death rate of 0.38 per 1,000 total births in the Administrative County and 0.74 per 1,000 in the rural area, but the working out of rates on such low figures has very little meaning. There were no maternal deaths from any cause in the City of Cambridge and this repeats the state of affairs of the previous year.

The death rate from pulmonary tuberculosis continued to fall, but it could hardly be expected that the fall would be of the same magnitude as that of the previous year. In fact there was an actual rise in the City of Cambridge where the 1950 rate had been very low indeed, overshadowed so far as the Administrative County was concerned by a very big fall in the rural area. It follows from what was said in the 1950 report that the rates for the Administrative County and the rural area constitute new low records but the record low City rate established in 1950 was not again achieved in 1951.

There was a small rise in the death rate from non-pulmonary tuberculosis in both the City and the Rural Districts, making, of course, a corresponding rise in the County as a whole, but when the rates from this form of the disease are added to the rates for the pulmonary form it still remains true that the rates for all forms in the County and the rural area were at a new low level, that for the City being somewhat above the previous best.

The number of deaths from cancer rose slightly in the Administrative County, but here again the position was different in the City and rural area. There was a fall in the number in the City which continued a previous trend and brought the death rate down to 1.7 per 1,000 but a rise in the rural area bringing the death rate up to 2.2 per 1,000, the same figure as that of 1949. The number of deaths in individuals below the age of 45 was 22 as against 18 in the previous year and the number in individuals under the age of 65 was 150 as against 126 in the previous year.

The following figures show the incidence of the principal infectious diseases in the County during 1951, with those of the two previous years for comparison:—

			1949	1950	1951
Scarlet Fever	..	..	395	316	72
Diphtheria	..	..	—	—	3
Enteric Fever					
(including paratyphoid)			—	1	1
Smallpox	..	..	—	—	—
Cerebro-Spinal Fever	..		2	2	1
Pneumonia	..	..	54	34	154

There was a big decline in the incidence of scarlet fever, but, as has been explained in previous reports, the number of cases notified is a very poor index of the prevalence of streptococcal infection which is the fundamental cause of scarlet fever and many other things.

The satisfactory state of affairs of the two previous years with regard to diphtheria was not repeated in 1951 as there were three cases, all in the City of Cambridge. While the break in the sequence of completely free years is to be regretted, it may not be without its salutary side in that it emphasises the need for continued vigilance and the fact that any relaxation of the immunisation campaign is only too likely to lead to the state of affairs which existed before it began. In this connection it may be well to point out that there has been a lessening of the apprehension as to the possibility that immunisation against diphtheria may be a factor in the production of poliomyelitis. It seems to be the case that immunisation probably does not determine the occurrence of poliomyelitis, but only the part of the body principally affected on its occurrence. In even this direction its influence is less marked than was originally feared.

Unfortunately the position as to poliomyelitis in Cambridgeshire was less good in 1951 than it has been at any time since the disease became unduly prevalent in the country as a whole in 1947. There were 24 cases in the Administrative County as against 8 in the previous year and 15 in 1947, the year of previous highest incidence. Only one case occurred in the rural area and the high figures were caused by a small outbreak in the City of Cambridge where there were 15 cases with paralysis and 8 cases without paralysis. In the latter type of case the diagnosis is seldom absolutely certain and it may be worthy of remark that in 1947 there was a much smaller tendency to make it. It is possible, therefore, that in that year there were some cases of a similar nature in which no diagnosis was made and that the overall position as between the two years was not vastly different.

Diphtheria Immunisation.—There was no change in the arrangements previously in force whereby parents could have their children immunised either at infant welfare centres or other clinics or in the surgeries of general medical practitioners. The following are the figures relating to the work in the infant welfare centres of the rural area during 1951.:—

<i>Children Treated</i>						
Abington	..	..	..	..	..	16
Balsham	..	..	..	..	..	22
Barrington	..	..	..	..	..	14

Bassingbourn	..	..	..	..	17
Bottisham	..	..	..	..	23
Bourn	..	..	..	..	7
Burwell	..	..	..	..	21
Castle Camps	..	..	..	..	8
Cheveley	..	..	..	..	6
Chippenham	..	..	..	..	2
Coton	..	..	..	..	9
Cottenham	..	..	..	..	12
Croydon	..	..	..	..	1
Dullingham	..	..	..	..	13
Duxford	..	..	..	..	17
Elsworth	..	..	..	..	10
Fordham	..	..	..	..	—
Fowlmere	..	..	..	..	27
Fulbourn	..	..	..	..	22
Gamlingay	..	..	..	..	—
Girton	..	..	..	..	8
Gt. Shelford	..	..	..	..	83
Gt. Wilbraham	..	..	..	..	10
Harston	..	..	..	..	14
Histon	..	..	..	..	—
Isleham	..	..	..	..	14
Linton	..	..	..	..	13
Longstanton	..	..	..	..	17
Melbourn	..	..	..	..	6
Sawston	..	..	..	..	12
Soham	..	..	..	..	—
Steeple Morden	..	..	..	..	33
Swavesey	..	..	..	..	32
Waterbeach	..	..	..	..	53
Wicken	..	..	..	..	—
Willingham	..	..	..	..	27
Total					569

According to records received, a further 558 rural children of under school age were immunised in the surgeries of medical practitioners making a total of 1,127 together with a further 58 children of school age immunised by general practitioners. There were also 259 “booster” doses given to previously immunised children, all in practitioners’ surgeries.

In the City of Cambridge 853 children of under school age and 62 children of school age were immunised in clinics or otherwise. 732 “booster” doses were given in the City.

In the case of children of under school age, the numbers newly immunised constitute falls as compared with the figures of the previous year but in all the other classes there have been rises. The fall in the numbers of births may be a factor in the fall in the numbers of immunisations of young children, but there is still room for improvement in the proportion of children immunised to total births, especially in the City.

Vaccination against Smallpox.—The following are the numbers of records of vaccinations and re-vaccinations received during 1951:—

			<i>Vaccinated</i>	<i>Re-vaccinated</i>
Under 1 year	..	..	1,256	—
Age 1-2	..	..	234	2
Age 2-5	..	..	73	35
Age 5-15	..	..	106	92
Over 15	..	..	123	1,142
			<hr/> 1,792	<hr/> 1,271

The actual number vaccinated is not substantially different from that of the previous year, though comparison of the groupings shows considerable variation. The reason is that in previous years the age at December 31st in the year of vaccination was used, whereas for 1951 the figure is the age at the actual time of vaccination. The number of re-vaccinations has risen considerably. The point of greatest interest is that out of a total of 2,577 births there were 1,256 children under the age of one year vaccinated, or about 50 per cent.

MIDWIFERY, MATERNITY AND CHILD WELFARE SERVICES

The work under this heading proceeded on exactly the same lines as those of 1950 and there are no matters of special note to record. The following paragraphs give the details separately for the City of Cambridge and the rural area of the County.

City of Cambridge.

The Authority continued to employ three whole time midwives during 1951 and five other midwives notified their intention to practise outside hospitals of whom one was in domiciliary private practice and four were in nursing homes. The superintendent of the mother and baby home who notified her intention to practise in 1950 did not do so in 1951.

The midwives employed by the Authority attended 95 cases as midwives and 60 cases as maternity nurses under the direction of medical practitioners, an increase of 12 in the former category and a decrease of 18 in the latter. The midwife in domiciliary private practice attended 43 cases as a midwife and 29 as a maternity nurse, a decrease of 28 in the former category and an increase of 13 in the latter, while the midwives in nursing homes attended 73 cases all as maternity nurses, 24 less than in 1950.

Gas and air analgesia was administered by all the midwives employed by the Authority and by the midwife in domiciliary private practice, the total number of cases being 153, 2 more than that of the previous year.

By the rules of the Central Midwives Board it became possible during the year for midwives to administer pethidine as an analgesic in labour under certain safeguards and the total number of cases in which this treatment was employed by them during the year was 116.

Midwives working outside hospitals found it necessary to summon medical aid in 29 cases, in 23 of which the practitioner concerned had already arranged to provide the patient with maternity services under the National Health Service Act.

The total number of births notified in the City during the year was 1,263 including 27 still births, to which must be added 26 births to women normally resident in Cambridge taking place elsewhere, making the final figure 1,289.

At the combined ante-natal and post-natal clinics 104 women made 295 attendances in 1951. Twenty-three women attended for post-natal examination which involved 27 attendances. All these figures represent considerable falls from those of the previous year.

Premature Infants.—There were 8 births of children with a birth weight of $5\frac{1}{2}$ lbs. or under in private nursing homes or at home during 1951, of which 2 took place in nursing homes and 6 at home. There were, of course, several others born in hospital of which details are not available. Of those born in nursing homes one weighed between 4 lbs. 6 ozs. and 4 lbs. 15 ozs. while the other was over 4 lbs. 15 ozs. Both survived more than 28 days. Of those born at home, 2 weighed between 3 lbs. 4 ozs. and 4 lbs. 6 ozs., 1 weighed between 4 lbs. 7 ozs. and 4 lbs. 15 ozs., and 2 weighed over 4 lbs. 15 ozs. All were nursed entirely at home and all survived more than 28 days.

Illegitimate Infants.—The Council continued to contribute at the rate of £150 per annum to the funds of the Association for the Care of Girls for work in the City of Cambridge during 1951.

Health Visiting.—The number of visits paid by Health Visitors in Cambridge during 1951 was as follows:—

To children under 1 year	..	1st visits	..	1,239
		Total visits	..	5,513
To children aged 1-5	..	Total visits	..	7,561
To expectant mothers	..	1st visits	..	117
		Total visits	..	186

Infant Welfare Centres.—There was no change in the number of centres during the year.

At the nine centres a total of 57 sessions per month was held and 3,456 children attended in 1951. At the end of the year 697 children were still under the age of one year. The number of new children attending was 1,192 of whom 994 were under the age of one year at the time of their first attendance. The total number of attendances made by children under the age of one year was 15,134 and by children over the age of one year 7,862.

Day Nurseries.—The two day nurseries in the City continued to operate during 1951, providing 14 approved places for children aged 0-2 and 81 full time places and 11 part time places for children aged 2-5. The average daily attendance throughout the year was 10 children below 2 years of age and 64 full time and 6 part time children between the ages of 2 and 5 years.

Rural Area.

In the rural area, notification of intention to practise was received from 42 midwives, of whom 39 were known to be practising at the end of the year.

Midwives attended 446 confinements during the year acting as midwives only in 294 cases and as maternity nurses under medical direction in 152. The midwives employed by the Authority attended 290 confinements as midwives and 150 as maternity nurses. In addition to attendance at confinement, midwives attended 520 cases which had been confined in hospital and discharged before the 14th day. The total number of attendances at actual confinements was 19 less than in the previous year.

At the end of the year there were 34 midwives qualified to administer gas and air representing all those in the full time employ of the Authority. The number of cases in which the method was used was 265 as against 228 in the previous year.

Midwives found it necessary to summon medical aid in 83 cases, in 35 of which the practitioner concerned had arranged to provide the patient with maternity services under Part IV of the National Health Service Act.

The total number of births actually notified from the rural area in 1951 was 1,336 including 21 still births.

The scheme for the ante-natal and post-natal examination of patients engaging midwives for their confinements by medical practitioners of their own choice on payment of the appropriate fees by the County Council continued during 1951. The number of women examined ante-natally was 84 and the number examined post-natally was 56. The number examined ante-natally fell by 39 as compared with the figure of the previous year while the number examined post-natally rose by 2.

The following are the details:—

Ante-natal examinations at or about the 16th week:

To be delivered by midwife	To be transferred to doctor	Referred to hospital	Consultant's opinion required	Institutional delivery recommended
52	—	—	1	2

Ante-natal examinations at the 32nd-36th week:

64	—	—	1	1
----	---	---	---	---

Post-natal examinations at 10th-14th day:

Cases taken normal course	Treatment required (excluding dental treatment)	Treatment being obtained	Reference to hospital desirable
26	3	3	—

Post-natal examinations about the 6th week:

39	3	3	1
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The distribution of the figures as between the various categories is very similar to that of the previous year except for the fact that there were no ante-natal cases requiring transfer to a doctor. Doubtless this is connected with the fact that an increasing number of women book a doctor in the first instance.

Premature Infants.—The number of premature infants, that is to say infants having a birth weight of $5\frac{1}{2}$ lbs. or less, born in the rural area in 1951 was 21. All were born at home and there were no such births notified from nursing homes. Details as to those born in hospital are not available. Five of the infants had birth weights between 3 lbs. 4 ozs. and 4 lbs. 6 ozs. Of these one died in less than 24 hours and the other four were admitted to hospital. All of the remainder weighed over 4 lbs. 15 ozs. Three of them were admitted to hospital and the remaining thirteen nursed entirely at home survived more than 28 days.

Illegitimate Infants.—There are no special arrangements for dealing with illegitimate infants in the rural area, apart from close co-operation between the Council's officers and the voluntary bodies concerned.

Health Visiting.—The following are the numbers of visits paid by health visitors to children under the age of 5:—

To children under 1 year	..	1st visits	..	1,220
		Total visits	..	13,211
To children aged 1-5	..	Total visits	..	12,934

Infant Welfare Centres.—There was no change in the number of centres in the rural area in 1951, the total number being 36.

The number of children attending during the year was 2,787 of whom 689 were still under the age of one year at the end of the year. The number of new children attending was 1,018 of whom 806 were under the age of one year at the date of their first attendance. The total number of attendances made by children under the age of one year was 5,562 and by children over the age of one year was 8,096.

The following figures give details of the work done at individual centres:—

					New Cases	Total in attendance
Abington	..	..	..	..	29	44
Balsham	..	..	..	..	46	88
Barrington	..	..	..	..	12	47
Bassingbourn	..	..	..	..	41	120
Bottisham	..	..	..	..	28	28
Bourn	..	..	..	..	63	160
Burwell	..	..	..	..	79	79
Castle Camps	..	..	..	..	4	43
Cheveley	..	..	..	..	23	41
Chippenham	..	..	..	..	9	28
Coton	..	..	..	..	28	63
Cottenham	..	..	..	..	28	64
Croydon	..	..	..	..	4	13
Dullingham	..	..	..	..	20	51

Duxford	..	..	..	..	48	122
Elsworth	..	..	..	..	26	76
Fordham	..	..	..	..	11	42
Fowlmere	..	..	..	..	40	104
Fulbourn	..	..	..	..	24	69
Gamlingay	..	..	..	..	18	51
Girton	..	..	..	..	32	35
Gt. Shelford	..	..	..	..	36	104
Gt. Wilbraham	..	..	..	..	8	80
Harston	..	..	..	..	28	97
Histon	..	..	..	..	28	84
Isleham	..	..	..	..	17	38
Linton	..	..	..	..	25	49
Longstanton	..	..	..	..	36	78
Melbourn	..	..	..	..	27	88
Sawston	..	..	..	..	53	144
Soham	..	..	..	..	34	55
Steeple Morden	..	..	..	..	19	87
Swavesey	..	..	..	..	23	166
Waterbeach	..	..	..	..	50	130
Wicken	..	..	..	..	4	34
Willingham	..	..	..	..	27	95

Dental Treatment of Mothers and Young Children.—The staffing position remained as unsatisfactory as ever in 1951 though possibly a few sessions per week worked by part-time staff alleviated the difficulties a little. Nevertheless with concentration mainly on children of school age the amount of treatment which could be given to mothers and young children remained at a low level. In the rural area it amounted to nothing at all, but the figures hereunder show the work done in the City:—

(a) *Numbers provided with dental care:*

	Examined	Needing treatment	Treated	Made Dentally fit
Expectant and Nursing mothers	121	110	110	110
Children under five ..	526	267	267	267

(b) Forms of dental treatment provided:

	Extrac- tions	Anaesthetics		Fillings	Scalings or Scaling & gum treat- ment	Silver Nitrate treat- ment	Dress- ings	Radio- graphs	Dentures provided	
		Local	General						Com- plete	Partial
Expectant and Nursing mothers	187	177	10	108	8	—	1	1	17	13
Children under five	131	42	89	121	—	91	—	—	—	—

In addition 10 repairs of dentures were carried out.

REGISTRATION OF NURSING HOMES

The arrangements for the registration and inspection of nursing homes remained unchanged during 1951.

The seven homes in Cambridge continued their work throughout 1951 though one of the maternity homes reduced its beds from 6 to 3. A nursing home in the rural area providing beds for general medical cases was closed during the year with the result that at the end of it there were 9 nursing homes in the Administrative County (City 7, rural area 2) providing 49 maternity beds and 34 others as against 52 maternity beds and 46 others at the end of 1950.

HOME NURSING

There are few comments to be made under this head, work having continued on the same lines as have existed since the National Health Service Act came into force and indeed generally many years before that.

What has come to be known as the Home Care and Nursing Service of Addenbrooke's Hospital continued to operate in 1951, but the number of patients discharged under it (City 60, rural area 44), some of whom did not require the services of the Council's nurses, formed so inconsiderable a proportion of the total number of patients attended by them as to have little bearing on the nature and extent of their work. As a matter of interest it may be said that the great majority were patients who had been admitted for comparatively simple surgical operations, namely appendicectomy and herniorraphy.

On December 31st, 1951, there were 8 whole time nurses employed in Cambridge and 35 nurses engaged part-time on home nursing in the rural area, combining their nursing duties with maternity work and health visiting.

In Cambridge the number of cases attended during the year was 1,420 as against 1,231 in the previous year, and the number of visits paid was 24,913 as against 21,770 in 1950. In the rural area the number of cases attended was 2,676 as against 2,637 in 1950 and the number of visits was 55,592 as against 54,730 in 1950.

THE DOMESTIC HELP SERVICE

The chief event of importance in the sphere of the domestic help service in 1951 was the amalgamation in February of the two virtually separate services in the City and the rural area and the making of the whole a service administered directly by the Local Health Authority. Previously the service in the City had been administered on behalf of the Council by Women's Voluntary Services operating from its own headquarters in Cambridge subject to the general direction of the City Maternity and Child Welfare Sub-Committee and its officers, while that in the rural area had been operated directly by the Council from the Shire Hall through the Maternity and Child Welfare Sub-Committee of the rural area. In the City there had been an Organiser and Assistant Organiser whose salaries had been refunded in full by the Council to Women's Voluntary Services and in the rural area there had been an Organiser who had some clerical assistance from the staff of the Health Department.

After the amalgamation a separate Home Helps Sub-Committee of the Health Committee was set up consisting of four members representing the City and four representing the rural area. The routine work was done by an Organiser, an Assistant Organiser and a clerk having no other duties and their office was located in the Old County Hall, Hobson St., Cambridge as being more central than the Shire Hall from where the service would naturally have operated.

While it must not be thought that the change was effected without anxiety and the expenditure of a good deal of energy, it may be said that with the co-operation of all concerned there was a minimum of friction and little or no dissatisfaction was expressed by the users of the service subsequently. At the end of the year things were running very smoothly and it would appear that the Council has been able to effect an administrative economy.

Apart from this the altered scales of assessment have made for all round satisfaction but it cannot be said that none of the old difficulties exist. These are chiefly a general inadequacy in the number of home helps available coupled with uneven distribution and irregular demand together with a tendency on the part of interested people to multiply the types of case in which they consider that domestic help should be available. As was stressed in the previous year's report, it was never intended to be a general service to help anyone and everyone out of domestic difficulties but is available only when the necessary conditions are satisfied. Further-

more when demand is at a high level there must be some rationing of the help given with consequent disappointment to those who feel that their condition requires more and a system of priorities must be developed which may not always appear quite fair to those not in possession of the complete facts.

The number of domestic helps employed at the end of 1951 was 109 of whom 27 gave full time service and 82 part time service. All were theoretically available for service in any part of the County but naturally every effort had to be made to comply with the wishes of the individual as to the location of her employment and the limitations imposed by the necessity of economy in the use of transport had to be observed.

The following figures set out the amount of work done and the types of case attended:—

Maternity	..	..	..	248
Tuberculosis	..	..	..	44
General	..	..	..	616

TUBERCULOSIS

The following figures relate to new cases of tuberculosis coming to the notice of the Medical Officers of Health by formal notification or otherwise during 1951:—

<i>Age Periods</i>	<i>Pulmonary</i>		<i>Non-Pulmonary</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
0	—	—	—	—
1	—	—	—	—
2	1	4	3	—
5	2	3	3	1
10	4	4	2	4
15	8	15	3	1
20	12	20	2	3
25	25	25	2	3
35	11	8	2	1
45	18	6	—	—
55	6	1	2	—
65	7	5	—	2
75 and upwards	1	—	—	—
	95	91	19	15

In 56 of these cases information was derived from sources other than formal notification namely from the death returns of local registrars 10, from transferable deaths notified by the Registrar General 3, posthumous notifications 2, transfers from other areas (other than transferable deaths) 33, and other sources 8. Assuming that all of the 33 transfers from other areas had been notified in their area of origin, the actual number of failures to notify was 23, or 4 more than that of the previous year.

The number of pulmonary cases was 9 more than in 1950, the whole of the increase having been in female cases, offset to some extent by a decrease of 5 in the number of male cases. The increase in female cases was fairly evenly spread over the age groups 10-35. Again the number of cases in the lower age groups of both males and females is rather striking as compared with the figures of pre-war years, but it has to be admitted that there are now greater facilities for the discovery of such cases and that the two periods are not strictly comparable in this respect. The number of non-pulmonary cases rose by 14 in 1951 as compared with the figure of the previous year (9 males and 5 females) making the total number of ascertained cases of tuberculosis 220, or 23 more than in 1950. This figure was exceeded in 1949 when the number of cases was 237 but apart from that year there has been no year since 1929 in which it was so high. It cannot be gainsaid therefore, that the time when a fall in the death rate will be paralleled by a fall in incidence does not appear to have arrived yet. As has been pointed out in previous reports, it may well be that improved ascertainment plays a big part in this state of affairs, but improved ascertainment is not an end in itself and can only be regarded as having achieved its object when the results of it appear to be diminishing.

The care and after-care work for tuberculous patients and their families continued in 1951 on the lines briefly described in the report for 1950. The chief lines of attack, other than the diagnosis and treatment of the disease for which the County Council is not responsible, were the systematic visiting of patients and contacts in their homes by health visitors, the admission of certain patients to courses of training and re-habilitation at Papworth Village Settlement at the Council's expense, the provision of extra-nourishment and other amenities through the Cambridgeshire Tuberculosis After-Care Association to which the Council pays an annual grant and the supply of out-door shelters where appropriate. All of these activities are carefully co-ordinated with the provision of treatment by Dr. Paton Philip and his staff of whose salaries an agreed proportion is paid by the Council to cover services to them in these respects.

During 1951 the number of cases admitted to Papworth for re-habilitation was 7 making a total of 34 since the arrangements started.

The number of visits paid by nurses or health visitors during the year was 540 in the City and 1,059 in the rural area, a total of 1,599 as against 1,719 in 1950.

Assistance was given by the After-Care Committee to 38 patients (22 men and 16 women). Of these 22 returned to work, 11 remained under treatment at home at the end of the year, 3 were in sanatoria and 2 had died. Grants varied in value from 6/- to 30/- weekly.

As will be seen earlier in the report, the Council was able to assist through its Domestic Help Service 44 families where a case of tuberculosis was the cause of the need.

VENEREAL DISEASES

The following figures as to attendances at the clinic at Addenbrooke's Hospital have been supplied by the Physician in Charge:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Patients under treatment on January 1st.			
1951	60	82	142
Old cases re-admitted	—	—	—
"First time" patients during 1951 ..	122	64	186
Total under treatment (including transfers from other clinics)	195	158	353
Left without completing treatment ..	1	1	2
Transferred to other Centres	18	10	28
Out-patient attendances:			
(a) On Clinic days	931	566	1,497
(b) On intermediate days	—	—	—

The number of new patients is lower than that of the previous year which it may be remembered was the lowest since 1939. Actually there has been no lower figure than the present one since 1937.

There were 11 new cases of syphilis in Cambridgeshire patients which is exactly half of the corresponding figure for the previous year. The steady fall from the very high number of 64 recorded in 1948 has, therefore, continued. So far as can be gathered from a perusal of old records the 1951 figure is the lowest recorded since the clinic started and gives rise to the hope that the latest methods of treatment are so effective in shortening the infectious period of this disease that it may soon cease to be the serious problem of former years.

The number of new cases of gonorrhoea in Cambridgeshire patients attending the clinic was 30, or almost double that of the previous year. The explanation of this rise is problematical but, owing to the comparative simplicity of the modern treatment of this disease, it is probable that many cases never attend the clinic at all and therefore the figure in any one year is not necessarily any indication of the incidence in that year or useful as a basis of comparison with the figures of other years. There were 37 new cases of this condition from the whole of the area served by the clinic of which 8 were in women. This proportion is about the same as that of the previous year. While it is questionable whether it is as high as it ought to be, there is some ground for satisfaction in the fact that it is a good deal higher than it used to be.

There were 5 cases of congenital syphilis which attended for the first time during the year or one less than in 1950. All were in patients over the age of one year and it can fairly safely be assumed that no substantial spread from one generation to another is taking place at the present time.

After the favourable impression created by the above facts it is less satisfactory to have to admit that most of the improvement recorded is due to better methods of treatment of established disease and not to such preventive measures as might reasonably be taken. Only 6 contacts are

known to have attended the clinic during the year and these did so as a result of persuasion by patients and not as a result of systematic tracing by social agencies or health visitors.

MENTAL HEALTH

No change under this head took place during the year and the arrangement whereby the work of certification of persons of unsound mind is carried out by two part-time officers continued to work comparatively smoothly. The following are the figures relating to it:—

Cases certified	77
Urgency Orders	4
Admitted under Sec. 20	14
Voluntary Patients	207
Temporary Patients	1
Other cases	42

These figures are very similar to those of the previous year.

The same statement holds good for those applying to the work of the psychiatric social worker appointed by the Cambridgeshire Mental Welfare Association. She dealt with 219 cases in 1951, as against 215 in the previous year, of which 108 were new and 111 remained on the books from former years. While this worker is appointed by a voluntary body, her duties consist entirely of work which is the responsibility of the County Council and her salary is refunded in full to the Association. Her cases are those of people in whom there is mental disturbance not amounting to certifiable unsoundness of mind to whom it may be possible to give sufficient help to avoid further breakdown and of patients discharged from mental hospitals who require further supervision and help.

In 1951, 34 new cases of mental deficiency were considered by the Mental Health Sub-Committee of which 12 were notified by the County Education Committee, 15 by the City Committee for Education, 2 by the Police, 2 privately and 3 by other County Councils.

The method of dealing with them was:—

Admitted to Certified Institution by Order of Court	2
Petition for Certified Institution	8
Admitted to Mental Hospital	1
Statutory Supervision	20
Voluntary Supervision	3

Of the 8 cases in which the presentation of a petition was recommended, 5 were actually admitted to certified institutions during the year making a total of 7 with those admitted by Order of the Court under Section 8 of the Mental Deficiency Act. Some slight relief with regard to the gloomy picture painted in the reports of the last few years as to institutional admissions has therefore been afforded.

The number of cases still awaiting admission at the end of 1951 was 42, or 5 less than at the end of 1950, of which 15 were in Linton Hospital and 14 in the Mental Hospital at Fulbourn.

At the end of the year there were 33 cases on licence from institutions.

The number of cases under Guardianship was 9 of whom only 3 had guardians in Cambridgeshire. Of the remaining 6 the Brighton Guardianship Society had placed 5 and 1 was in a home in Surrey.

There were no noteworthy changes in the work of the Occupation Centre in 1951. It continued to afford relief to the many parents to whom the care of a defective throughout the day would be unduly burdensome and undoubtedly provides an interest in what might otherwise be a very monotonous life for the defectives themselves. Some of those mentioned above as being on the waiting list for admission to institutions are in attendance at the Centre and, while it is a good thing that this substitute for institutional care exists, it should be emphasised that it is not a really suitable place for them and that their attendance entails many disadvantages. The number of defectives on the roll of the Occupation Centre at the end of the year was 68.

The annual camp was again held at Linton Village College in the summer holidays and was much enjoyed by those defectives who were fit to go besides which the breathing space of a fortnight was very welcome to their parents. Thirty eight defectives attended.

BLIND PERSONS

There was no change in the arrangements for dealing with blind persons during 1951. The work continued to be administered by the Welfare Committee and there were two home teachers available throughout the year, one for the City and one for the rural area. There was a further increase in the number of registered blind persons to the record figure of 306, the distribution as to area and age periods being as follows:—

	0-5	5-16	Over 16	Total
City	2	3	166	171
Rural Area	—	—	135	135
	2	3	301	306

Of the 301 cases of blindness over the age of 16, 258 were regarded as unemployable. There were 10 home workers and 24 employed elsewhere as well as one employed in a workshop for the blind. Two blind persons were under training and 5 more were regarded as trainable. One was trained but unemployed.

The Home Teachers paid 1,712 visits to blind persons during the year (City 826, Rural Area 886).

Two Christmas parties were again organised, the greater part of the cost being undertaken by the Council. The numbers attending were larger than ever and it seems clear that the arrangement is one which is much appreciated by the blind people and their friends. Transport was pro-

vided from all parts of the County by voluntary helpers and thanks are due to them for their willing co-operation.

The summer of 1951 was marked by a further social occasion organised on behalf of the blind in the shape of an excursion to Clacton. The Council made a sum of money available for the defraying of expenses but the transport was provided free of charge by Messrs. Premier Travel, a gesture which was greatly appreciated by all concerned. The success of the outing has led to a demand for its repetition in 1952.

AMBULANCE SERVICE

The following figures give details of the work of the ambulance service in 1951:—

Ambulances directly provided	7
Cars directly provided	3
Number of journeys by above	
Ambulances	8,912
Cars.. .. .	3,874
Patients carried by above	
Ambulances	12,898
Cars.. .. .	6,486
Accident and emergency journeys included in above	
Ambulances	861
Cars.. .. .	22
Mileage run by above	
Ambulances	105,237
Cars.. .. .	87,252
Journeys by supplementary vehicles	
Ambulances	309
Cars.. .. .	10,334
Patients carried by supplementary vehicles	
Ambulances	318
Cars.. .. .	11,000
Accident and emergency journeys by supplementary vehicles	
Ambulances	16
Cars.. .. .	Nil
Mileage run by supplementary vehicles	
Ambulances	12,081
Cars.. .. .	210,473
The number of full time staff on December 31st, 1951 was 22.	

The number of patients carried by the Council's ambulances and cars was about half as many again as the number carried in the previous year and yet the number of journeys increased by only a very small amount and the mileage run was almost the same. There seems to be no doubt that this is due to the use of wireless which frequently results in the picking up of two or more patients in the course of one journey whereas previously a separate journey for each would have been required.

Another feature of the figures is the considerable fall in the number of patients carried by supplementary vehicles and in the mileage run by them. The probable explanation is that many neighbouring Local Health Authorities are now conveying their own patients on discharge from Addenbrooke's Hospital and that when this Council discharged that duty on their behalf supplementary vehicles were frequently used.

TABLE I.—Causes of Death at Different Periods of Life in the Administrative County of Cambridge, 1951.

		AGGREGATE OF URBAN DISTRICTS											AGGREGATE OF RURAL DISTRICTS										
		Sex	All Ages	0—	1—	5—	15—	25—	45—	65—	75—	All Ages	0—	1—	5—	15—	25—	45—	65—	75—			
ALL CAUSES	.. .. .	M	451	12	2	4	9	19	118	118	169	576	21	4	3	8	36	111	145	248		
		F	484	11	3	1	1	15	86	126	241	537	11	1	3	2	21	78	132	289			
1 Tuberculosis, respiratory	.. .. .	M	8	—	—	—	1	2	5	—	—	12	—	—	—	1	3	5	3	—		
		F	6	—	—	—	—	2	3	1	—	1	—	—	—	—	—	1	—	—			
2 Tuberculosis, other	.. .. .	M	3	—	—	1	—	2	—	—	—	2	—	—	—	—	1	1	—	—		
		F	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—			
3 Syphilitic disease	.. .. .	M	1	—	—	—	—	—	—	1	—	2	—	—	—	—	—	1	1	—		
		F	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—			
4 Diphtheria	.. .. .	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
5 Whooping cough	.. .. .	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
6 Meningococcal infections	.. .. .	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
		F	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—			
7 Acute poliomyelitis	.. .. .	M	2	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—		
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
8 Measles	.. .. .	M	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
9 Other infective and parasitic diseases	.. .. .	M	2	—	—	—	1	—	1	—	—	1	—	—	—	—	1	—	—	—		
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
10 Malignant neoplasm, stomach	.. .. .	M	7	—	—	—	—	1	3	1	2	12	—	—	—	—	—	3	5	4		
		F	11	—	—	—	—	1	1	3	6	9	—	—	—	—	—	3	3	3			
11 Malignant neoplasm, lung, bronchus	.. .. .	M	21	—	—	—	—	—	14	5	2	25	—	—	—	—	—	17	8	—		
		F	—	—	—	—	—	—	—	—	—	6	—	—	—	—	2	3	1	—			
12 Malignant neoplasm, breast	.. .. .	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
		F	15	—	—	—	—	1	8	4	2	21	—	—	—	—	3	8	4	6			
13 Malignant neoplasm, uterus	.. .. .	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
		F	7	—	—	—	—	—	3	3	1	5	—	—	—	—	1	1	—	3			
14 Other malignant and lymphatic neoplasms	.. .. .	M	43	—	—	—	—	3	15	10	15	59	—	—	—	1	5	18	20	15		
		F	45	—	1	—	—	3	14	15	12	54	—	—	2	—	2	14	14	22			
15 Leukaemia, aleukaemia	.. .. .	M	3	—	—	—	—	—	1	1	1	—	—	—	—	—	—	—	—	—		
		F	1	—	—	—	—	—	1	—	—	2	—	—	—	—	1	—	1	—			
16 Diabetes	.. .. .	M	2	—	—	—	—	1	—	—	1	4	—	—	—	—	—	2	1	1		
		F	2	—	—	—	—	—	—	—	2	7	—	—	—	—	—	—	1	6			
17 Vascular lesions of nervous system	.. .. .	M	56	—	—	—	1	1	4	21	29	68	—	—	—	—	1	5	14	48		
		F	84	—	—	—	—	1	9	24	50	87	—	—	—	—	—	12	25	50			
18 Coronary disease, angina	.. .. .	M	70	—	—	—	—	1	25	28	16	74	—	—	—	—	5	15	26	28		
		F	51	—	—	—	—	—	11	18	22	40	—	—	—	—	—	7	14	19			
19 Hypertension with heart disease	.. .. .	M	10	—	—	—	—	—	4	3	3	9	—	—	—	—	—	3	3	3		
		F	14	—	—	—	—	—	3	3	8	12	—	—	—	—	—	1	3	8			
20 Other heart disease	.. .. .	M	39	—	—	—	—	1	1	7	30	114	1	—	—	—	4	11	25	73		
		F	82	—	—	—	—	1	9	22	50	128	—	—	—	—	2	10	31	85			
21 Other circulatory disease	.. .. .	M	14	—	—	—	—	1	2	4	7	25	—	—	—	—	—	3	9	13		
		F	18	—	—	—	—	1	3	4	10	16	—	—	—	—	—	1	4	11			
22 Influenza	.. .. .	M	29	—	—	—	—	—	4	9	16	25	1	1	—	—	—	4	6	13		
		F	27	—	—	—	—	1	3	7	16	32	—	—	—	—	1	1	9	21			
23 Pneumonia	.. .. .	M	15	1	—	—	—	1	3	3	7	9	—	1	—	—	—	1	1	6		
		F	18	—	—	—	—	1	—	3	14	11	1	—	—	—	—	3	1	6			
24 Bronchitis	.. .. .	M	40	—	—	—	—	1	11	12	16	23	—	1	—	—	—	2	7	13		
		F	16	1	—	—	—	—	—	4	11	18	1	—	—	—	—	2	7	8			
25 Other diseases of respiratory system	.. .. .	M	6	—	—	—	—	—	2	2	2	6	1	—	—	1	—	4	—	—		
		F	3	—	—	—	—	—	1	—	2	4	—	—	—	—	1	—	1	2			
26 Ulcer of stomach and duodenum	.. .. .	M	7	—	—	—	—	—	3	2	2	3	—	—	—	—	—	1	1	1		
		F	5	—	—	—	—	—	1	2	2	2	—	—	—	—	—	1	—	1			
27 Gastritis, enteritis and diarrhoea	.. .. .	M	—	—	—	—	—	—	—	—	—	2	—	1	—	—	—	1	—	—		
		F	—	—	—	—	—	—	—	—	—	3	—	—	—	—	1	—	2	—			
28 Nephritis and nephrosis	.. .. .	M	3	—	—	—	—	1	—	1	1	8	—	—	—	—	—	4	4	—		
		F	5	—	—	—	—	—	3	1	1	4	—	—	—	—	—	1	—	3			
29 Hyperplasia of prostate	.. .. .	M	8	—	—	—	—	—	—	4	4	5	—	—	—	—	—	—	—	5		
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
30 Pregnancy, childbirth, abortion	.. .. .	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
		F	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—			
31 Congenital malformations	.. .. .	M	4	2	1	1	—	—	—	—	—	2	2	—	—	—	—	—	—	—		
		F	5	1	1	—	1	1	1	—	—	4	2	—	1	—	—	1	—	—			
32 Other defined and ill defined diseases	.. .. .	M	30	7	—	2	1	—	7	4	9	49	16	—	1	—	1	5	6	20		
		F	49	8	—	1	—	—	10	9	21	56	6	1	—	1	5	5	10	28			
33 Motor vehicle accidents	.. .. .	M	7	—	—	—	3	—	4	—	—	11	—	—	2	3	3	1	—	2		
		F	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
34 All other accidents	.. .. .	M	12	2	—	—	1	1	3	—	5	19	—	—	—	2	12	2	2	1		
		F	15	1	—	—	—	1	—	2	11	10	1	—	—	—	1	1	—	7			
35 Suicide	M	8	—	—	—	—	1	6	—	1	7	—	—	—	—	—	2	3	2			
		F	3	—	—	—	—	—	2	1	—	2	—	—	—	1	—	—	—	—			
36 Homicide and operations of war	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			

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